Dear Senator Schumer:

1 2	ou or your designated staff me in compliance with the Freed	<u>e</u>	on outlined below. I understand that the Privacy Act of 1974.	
Signature of Petitioner X		Da	te:	
Information of benefi	ciary as it was filed with IN	S (Please Print or Type):		
First	Middle	1	Last	
Current Address:			Apt	
City:	State:		Zip Code:	
Daytime Telephone:		Evening Telephone:		
Date of Birth:	City	City and Country of Birth:		
Immigration/Alien Nur	mber:			
Where is your case per	nding? □ New York □	Vermont □ Nebraska	□ Other	
-	of All Pertinent Documents Charles Schumer, 757 Thir	0	to you by INS and send to: ew York, NY 10017	
FOR CONGRESSION	NAL USE ONLY:	State District Office o	f U.S. Senator Charles E. Schumer	
	ATTN: Director of Immigration			
		Telephone: (212) 486	-4430	
Date Received:	Date sent to INS:	Case #	Staff Initials:	